

SUPPLEMENTAL APPLICATION DATA SHEET**Application Information**

Application Number::	09/386,850
Filing Date::	August 31, 1999
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	PEPTIDES AND POLYPEPTIDES DERIVED FROM THE SUBMAXILLARY GLAND OF THE RAT, CORRESPONDING POLYCLONAL AND MONOCLONAL ANTIBODIES, CORRESPONDING HYBRIDOMAS AND USES OF THESE PRODUCTS FOR DIAGNOSIS, FOR DETECTION OR THERAPEUTIC PURPOSES
Attorney Docket Number::	004900-169
Request for Early Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	
Latin Name::	
Variety Denomination Name::	

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order In Parent Appl.?::

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	08/476,120	06/07/95
08/476,120	Continuation of	08/153,277	11/17/93
09/153,277	Continuation of	07/499,276	10/11/89
07/499,276	A national stage application under 35 U.S.C. § 271	PCT/FR89/00523	10/11/89

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
France	88/13353	10/11/88	Yes

Assignee Information

Assignee Name:: INSTITUT PASTEUR
Street of Mailing Address:: 28 Rue du Docteur Roux
City of Mailing Address:: Paris Cedex
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75724